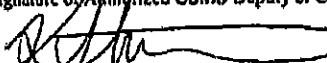**U.S. Department of Justice**
United States Marshals Service

PROCESS RECEIPT AND RETURN
See "*Instructions for Service of Process by U.S. Marshal*"

PLAINTIFF FELIX GARCIA	COURT CASE NUMBER 22-CV-10852 (CS)
DEFENDANT E. TORRES; K. LAMB	TYPE OF PROCESS Summons & Complaint

SERVE AT {

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
Corrections Officer K. Lamb

ADDRESS *(Street or RFD, Apartment No., City, State and ZIP Code)*
Sing Sing Correctional Facility, 354 Hunter Street Ossining, N.Y. 10562

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	
Felix Garcia, 04-A-2384 Upstate Correctional Facility P.O. Box 2001 Malone, NY 12953	Number of process to be served with this Form 285
	Number of parties to be served in this case
	Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE *(Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service)*:

Signature of Attorney other Originator requesting service on behalf of: S. Harrold	[X] PLAINTIFF [ ] DEFENDANT	TELEPHONE NUMBER	DATE 2/9/2023

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. *(Sign only for USM 285 if more than one USM 285 is submitted)* P 1	Total Process	District of Origin No. 054	District to Serve No. 054	Signature of Authorized USMS Deputy or Clerk	Date 5/1/2023

I hereby certify and return that I [X] have personally served , [ ] have legal evidence of service, [ ] have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

[ ] I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above *(See remarks below)*

Name and title of individual served *(if not shown above)* A. Gardiner - Correctional Officer	Date 4/27/23	Time 1030	[X] am [ ] pm
Address *(complete only different than shown above)*	Signature of U.S. Marshal or Deputy T. McLuty #26C		

Costs shown on *attached USMS Cost Sheet* >>

REMARKS

EU-7: 2022-CV-10852-1